

## STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (Tennessee Code Annotated §8—50—501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8—50—501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (telephone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1.-4. and skip to item 14. if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

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DA	TE OF DISCLOSURE 2. NAME OF OFFICIAL OR CANDIDATE
	4-24-98 Bill Hullander
АΓ	DDRESS AND PHONE Street or Rural Route City State Zip Code Phone
	7110 E. Brainerd Rd., Chattanooga, TN 37421 , 899-2400
TI	TLE OF OFFICE HELD OR SOUGHT (include district number, if applicable)
	County Commission District 9
re	OURCES OF INCOME: List major sources of your private income of more than \$1,000 and that of your spouse or minor children siding with you. "Major sources of private income" includes, but is not limited to, offices, directorships and salaried employments. o dollar amounts need be stated.  Hulco, Huc
-	NVESTMENTS: List any Investment by you, your spouse or minor children residing with you in any corporation or other business
i	organization in excess of five thousand dollars (\$5,000) or five percent (5%) of the total capital. It shall be sufficient to identify the industry. No firm or organization need be named nor dollar amounts or percentages stated.
7.	LOBBYING: List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or mino children residing with you. Also, list any firm in which you, your spouse or minor children residing with you hold any interest fo whom compensated lobbying is done. Explain the terms of any such employment and the measures to be supported or opposed
8.	PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entitles to which professional service such as those of an attorney, accountant or architect, are furnished by you or your spouse

No	
	o from any person, firm or organization who is in the practice of promoting or actly or indirectly, the passage or defeat of any legislation before the Tennessee the members thereof.
No	
BANKRUPTCY: List any adjudication of bankruptc of the date of this report.	y or discharge received in any United States district court within five (5) years
No	
calendar year to you, your spouse or minor childr (1) From your immediate family (spouse, parent (2) From a federally insured financial institution of of making loans. The loan must bear the usual and or by a written instrument and subject to a due date (3) Secured by a recorded security interest in co on a basis which assures repayment, evidenced in (4) From a partnership in which you have at lea	or made in accordance with existing law in the ordinary course of doing business ustomary rate of inferest, be made on a basis which assures repayment, evidenced or amortization schedule.  olilateral, bearing the usual and customary interest rate of the lender and made by a written instrument and subject to a due date and amortization schedule. ast ten percent (10%) partnership interest.  percent (50%) of the outstanding voting shares are owned by you or by your
. ADDITIONAL INFORMATION: List any additional	Information you wish to disclose.
OPTION AVAILABLE TO OFFICEHOLDERS ON	I.V.(Chark if annilirable):
☐ There has been no change in conditions since	
5. TO BE SIGNED BY REPORTING OFFICIAL OR	
	I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.  Signature of official or candidate  Attention of the contained
	I, the undersigned, do hereby witness the above signature which was signed in my presence.
	Bette Signature of witness Conseq 4/24/9
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